



05909 U.S. PTO

Please type a plus sign (+) inside this box →



PTO/SB/05 (12/97)

Approved for use through 09/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	140283-1/YOD GERD:0105	Total Pages	64
	First Named Inventor or Application Identifier William Thomas Hatfield			
	Express Mail Label No.			
	EV 365 158 139 US			

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Commissioner for Patents Mail Stop Patent Application, P.O. Box 1450 Alexandria, VA 22313-1450
1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)	6. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification Total Pages <u>16</u> (preferred arrangement set forth below) -Descriptive -Cross References to Related Application -Statement Regarding Fed sponsored R & D -Reference to Microfiche Appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure	7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets <u>4</u> Total Pages <u>12</u>	ACCOMPANYING APPLICATION PARTS 8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (where there is an assignee) 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) 14. <input checked="" type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application Statement(s) Status still proper and desired 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Other
4. Oath or Declaration a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below] i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	
5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	
17. <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____ / _____	
18. CORRESPONDENCE ADDRESS	

☐ Customer Number or Bar Code Label☒ Correspondence address below

(Insert Customer No. or Attach bar code label here)

NAME	Patrick S. Yoder FLETCHER YODER		
ADDRESS	P.O. Box 692289		
CITY	Houston	STATE	Texas
COUNTRY	USA	TELEPHONE	(281) 970-4545
		Fax	(281) 970-4503

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Mail Stop Patent Application, Alexandria, VA 22313-1450.

3

PTO/SB/17 (10/96)

Approved for use through 09/30/98. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



03300 U.S. PTO

FEE TRANSMITTAL**Complete if Known**

Application Number	unassigned
Filing Date	herewith
First Named Inventor	William Thomas Hatfield
Group Art Unit	unknown
Examiner Name	unknown
Attorney Docket Number	140283-1/YOD (GERD:0105)

TOTAL AMOUNT OF PAYMENT (\$ 1,338.00)

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **07-0868/140283-1/YOD (GERD:0105)**

Deposit Account Name **General Electric Global Research Center**

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 ☐ Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.31(b)

2. ☐ Payment Enclosed:

☐ Check ☐ Money Order ☐ Other

FEE CALCULATION (fees effective 10/01/96)**1. FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	750	2001	375	Utility filing fee	<u>770.00</u>
1002	330	2002	165	Design filing fee	—
1003	520	2003	260	Plant filing fee	—
1004	750	2004	375	Reissue filing fee	—
1005	160	2005	80	Provisional filing fee	—
SUBTOTAL (1)					(\$ 770.00)

2. CLAIMS

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	—
1201	84	2201	42	Independent claims in excess of 3	—
1203	280	2203	140	Multiple dependent claim	—
1204	84	2204	42	Reissue independent claims over original patent	—
1205	18	2205	9	Reissue claims in excess of 20 and over original patent	—
SUBTOTAL (2)					(\$ 528.00)

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	—
127	50	227	25	Surcharge - late provisional filing or cover sheet	—
139	130	139	130	Non-English specification	—
147	2,520	147	2,520	For filing a request for reexamination	—
112	920	112	920	Requesting publication of SIR prior to Examiner action	—
113	1,840	113	1,840	Requesting publication of SIR after Examiner action	—
115	110	215	55	Extension for response within first month	—
116	400	216	200	Extension for response within second month	—
117	950	217	475	Extension for response within third month	—
118	1,570	218	755	Extension for response within fourth month	—
119	310	219	155	Notice of Appeal	—
120	310	220	155	Filing a brief in support of an appeal	—
121	270	221	135	Request for oral hearing	—
138	1,510	138	1,510	Petition to institute a public use proceeding	—
140	110	240	55	Petition to revive unavoidably abandoned application	—
141	1,320	241	660	Petition to revive unintentionally abandoned application	—
142	1,320	242	660	Utility issue fee (or reissue)	—
143	450	243	225	Design issue fee	—
144	670	244	335	Plant issue fee	—
122	130	122	130	Petitions to the Commissioner	—
123	50	123	50	Petitions related to provisional applications	—
126	240	126	240	Submission of Information Disclosure Stmt	—
581	40	581	40	Recording each patent assignment per property (times number of properties)	<u>40.00</u>
146	790	246	395	Filing a submission after final rejection (37 CFR 1.129(a))	—
149	790	249	395	For each additional invention to be examined (37 CFR 1.129(b))	—
Other fee (specify) —					—
Other fee (specify) —					—
SUBTOTAL (3)					(\$ 40.00)

* Reduced by Basic Filing Fee Paid

SUBMITTED BY

Complete (if applicable)

Typed or Printed Name	Patrick S. Yoder	Reg. Number	37,479
Signature		Date	March 30, 2004
		Deposit Acct. User ID	07-0868/140283-1/YOD (GERD:0105)